

Declaration and Power of Attorney Under Patent Cooperation Treaty 35 USC §371(c)(4)

As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below) of the invention entitled: METHOD AND SYSTEM FOR AUTHORISING SHORT MESSAGE SERVICE (SMS) MESSAGES

1 described and claimed in international application number PCT/AU2004/001356 filed 6 October 2004
and as amended on _____ (if any), the specification and claims of which I have reviewed
and understand and for which I solicit a patent.

I acknowledge my duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a), and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to my international application by me or my legal representatives or assigns, except as follows:

AU 2003905482 8 October 2003

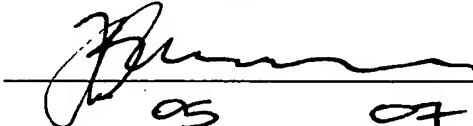
The priority of the above applications (if any), filed within a year prior to my international application is hereby claimed under 35 USC 119. I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562;
Thomas J. Pardini, Reg. No. 30,411 and Edward P. Walker, Reg. No. 31,450

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

3 Full name of Sole or First Inventor ROMILLY BLACKBURN
Given Name Middle Initial Family Name

*4 Inventor's Signature   

*5 Date of Signature 05 07 2009
Month Day Year

6 Residence St Kilda Victoria Australia
City State or Province Country

7 Citizenship New Zealand

8 Post Office Address 9/37 Grey Street, St Kilda, Victoria, 3182, Australia
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*Note to Inventor: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE

PAGE 2 OF U.S.A. DECLARATION FORM
(Discard this page in a sole inventor application)

3	Typewritten Full Name of Second Joint Inventor (if any)	ROBERT	PICKUP
		Given Name	Middle Initial
		<i>Robert J. Chayh</i>	
*4	Inventor's Signature		
*5	Date of Signature		07/05/07
		Month	Day
			Year
*6	Residence	Beaumaris	Australia
		City	Country
*7	Citizenship	Australian	
8	Post Office Address (Insert complete mailing address, including country)	45 Scott Street, Beaumaris, Victoria, 3193, Australia	
		{	
3	Typewritten Full Name of Third Joint Inventor (if any)	Given Name	Middle Initial
			Family Name
*4	Inventor's Signature		
*5	Date of Signature		
		Month	Day
			Year
*6	Residence	City	State or Province
			Country
*7	Citizenship		
8	Post Office Address (Insert complete mailing address, including country)	{	
3	Typewritten Full Name of Fourth Joint Inventor (if any)	Given Name	Middle Initial
			Family Name
*4	Inventor's Signature		
*5	Date of Signature		
		Month	Day
			Year
*6	Residence	City	State or Province
			Country
*7	Citizenship		
8	Post Office Address (Insert complete mailing address, including country)	{	
3	Typewritten Full Name of Fifth Joint Inventor (if any)	Given Name	Middle Initial
			Family Name
*4	Inventor's Signature		
*5	Date of Signature		
		Month	Day
			Year
*6	Residence	City	State or Province
			Country
*7	Citizenship		
8	Post Office Address (Insert complete mailing address, including country)	{	

*Note to Inventors: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5. This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.